

HEALTH STATUS

Analysis of women's health status enables health professionals and policy makers to determine the impact of past and current health interventions and the need for new programs. Trends in health status help to identify new issues as they emerge.

In the following section, health status indicators are presented related to morbidity, mortality, health behaviors, and reproductive health. Issues pertinent to selected populations of women, including older, rural, American Indian/Alaska Native women and women in the correctional system are also addressed. The data are displayed by sex, age, and race and ethnicity, where available. Many of the conditions discussed, such as cancer, heart disease, hypertension, and stroke, have an important genetic component. Although the full impact of genetic risk factors on such conditions is still being studied, it is vital for women to be aware of their family history so that their risk for developing such conditions can be properly assessed.



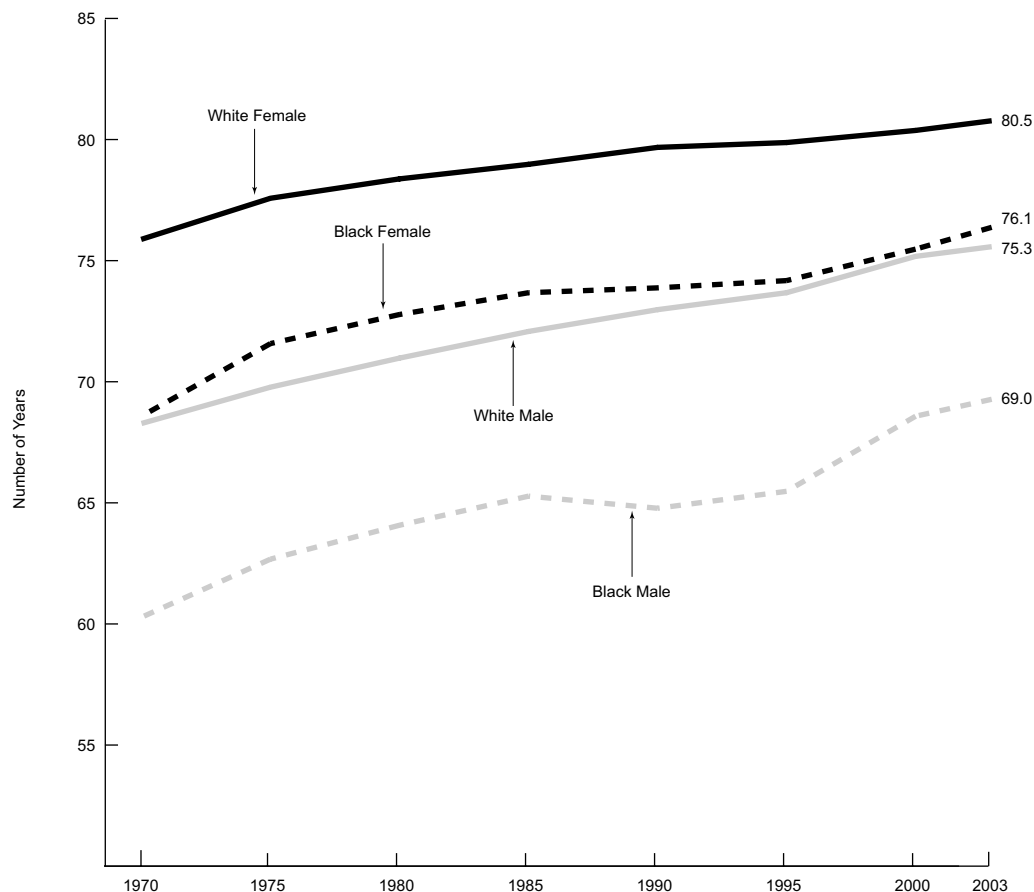
LIFE EXPECTANCY

A baby girl born in the United States in 2003 could expect to live 80.1 years, 5.3 years longer than her male counterpart, whose life expectancy was 74.8 years. The life expectancy at birth for White females was 80.5 years; for Black females, the life expectancy at birth was 76.1 years. The differential between male and female life expectancy was greater among Blacks than Whites; Black males could expect to live 69.0 years, 7.1 years less than Black females, while the difference between White males and females was 5.2 years. The higher infant mortality rate among Blacks may partly account for their relatively lower life expectancy.

Life expectancy has steadily increased since 1970 for males and females in both racial groups. Between 1970 and 2003, White males' life expectancy increased from 68.0 to 75.3 years (10.7 percent), while White females' life expectancy increased from 75.6 to 80.5 years (6.5 percent). Black males' life expectancy increased from 60.0 to 69.0 years (15.0 percent) during the same period, while Black females' life expectancy has increased from 68.3 to 76.1 years (11.4 percent).

Life Expectancy at Birth, by Race and Sex, 1970-2003

Source: Centers for Disease Control and Prevention, National Center for Health Statistics



PHYSICAL ACTIVITY

Regular physical activity promotes health, psychological well-being, and a healthy body weight. To reduce the risk of chronic disease, the current Dietary Guidelines for Americans recommend at least 30 minutes of moderate-intensity physical activity on most days of the week for adults. To prevent weight gain over time, the Guidelines recommend about 60 minutes of moderate to vigorous physical activity on most days while not exceeding calorie intake requirements.¹

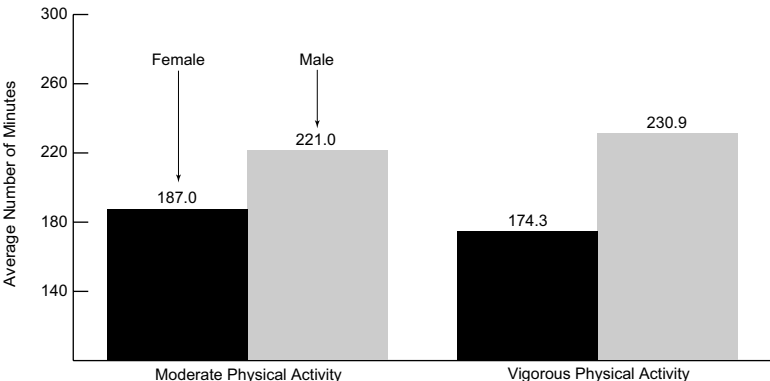
In 2004, 51.7 percent of women reported engaging in at least 10 minutes of moderate leisure-time physical activity per week, and 31.8 percent reported a similar amount of vigorous activity. Men participated in physical activity for a greater average number of minutes than women: among those who reported physical activity in the last week, women averaged 187 minutes of moderate activity compared to 221 minutes among men. Women averaged 174 minutes of vigorous activity compared to 231 minutes among men.

Among adults who participated in physical activity, some of the most popular activities included walking, dancing, and bicycling. Women were more likely than men to report walking (37.6 versus 22.3 percent) and dancing (12.7 versus 7.7 percent), while men were more likely to report bicycling (10.6 versus 8.7 percent) and golf (11.2 versus 3.1 percent) and golf (11.2 versus 3.1 percent).

1 U.S. Department of Health and Human Services; U.S. Department of Agriculture. *Dietary Guidelines for Americans 2005*. Washington, DC: U.S. Government Printing Office, January 2005.

Average Physical Activity Minutes per Week Among Adults Aged 18 Years and Older,* by Sex and Level,** 2004

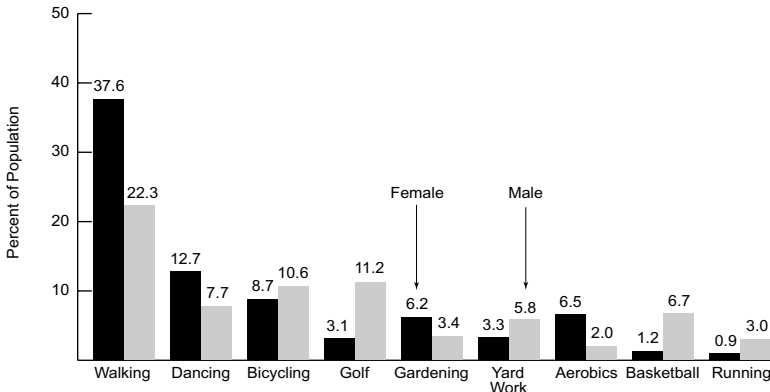
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Among adults who were physically active at least 10 minutes in the week prior to the survey. **Moderate physical activity: causing light sweating and/or a slight to moderate increase in breathing or heart rate; vigorous physical activity: causing heavy sweating and/or large increases in breathing or heart rate.

Selected Types of Physical Activity Reported Among Adults Aged 18 Years and Older,* by Sex, 1999-2002

Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Among adults who were physically active at least 10 minutes in the week prior to the survey.

NUTRITION

The Dietary Guidelines for Americans published by the U.S. Departments of Health and Human Services (DHHS) and Agriculture (USDA) recommend eating a variety of nutritious foods while staying within caloric needs. For most people, this means eating an assortment of fruits and vegetables, whole grains, lean meats and beans, and low-fat or fat-free milk products while limiting added sugar, sodium, saturated and *trans* fats, cholesterol, and alcohol.¹

While some fats, in the form of oils, are an important part of a healthy diet, the type of fat and the total amount consumed should be con-

sidered. High intake of saturated fats, *trans* fats, and cholesterol may increase the risk of coronary heart disease. Most Americans should consume fewer than 10 percent of calories from saturated fats, less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption to a minimum. In 1999-2002, 53 percent of women exceeded the recommended maximum daily intake of saturated fat. This was most common among non-Hispanic White women, followed by Hispanic women. Salt, or sodium chloride, also plays an important role in heart health, as high salt intake can contribute to high blood pressure. Overall, almost 62 percent of women exceed the recommended maximum of 2,300

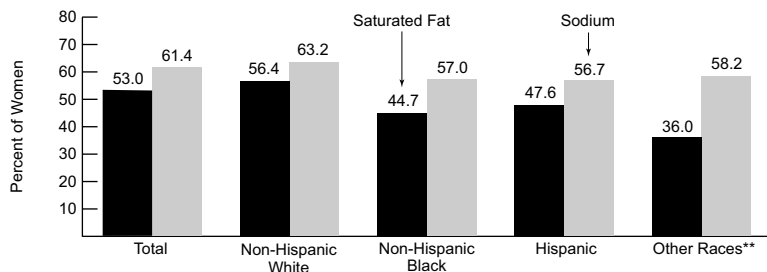
mg of sodium (about 1 teaspoon of salt) per day.

A varied diet comprising the recommended food groups can help to reduce saturated fat and sodium intake and to increase intake of important vitamins and minerals, such as vitamin B12 and iron. B12 helps maintain healthy cells, and is needed to help make DNA, while iron is crucial to oxygen transport and the regulation of cell growth. Overall, 41.3 percent of women did not meet the daily recommendation for B12 and nearly twice as many, 81.3 percent, did not meet the recommendation for intake of iron.

¹ U.S. Department of Health and Human Services; U.S. Department of Agriculture. *Dietary Guidelines for Americans 2005*. Washington, DC: U.S. Government Printing Office, January 2005.

Women Exceeding the Recommended Maximum Daily Intake of Saturated Fat and Sodium,* by Race/Ethnicity, 1999-2002

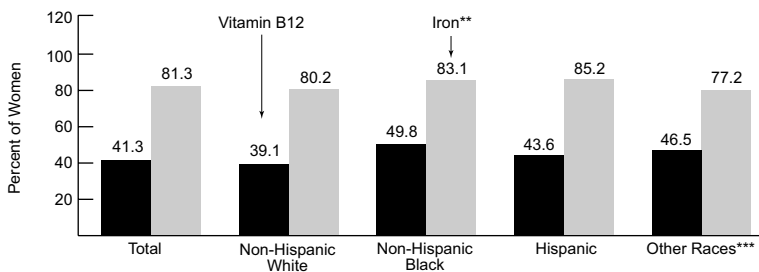
Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Recommended daily intake of saturated fat is 10 percent of daily caloric intake or less; recommended intake of sodium is less than 2,300 milligrams. **Includes Asian/Pacific Islander, American Indian/Alaska Native, and persons of more than one race.

Women Not Meeting the Recommended Daily Intake of Vitamin B12 and Iron,* by Race/Ethnicity, 1999-2002

Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Recommended daily intake of Vitamin B12 for all women is 2.4 micrograms or greater; recommended intake of iron for women aged 18-50 is 18 milligrams or greater. **Data are for women aged 18-50.

***Includes Asian/Pacific Islander, American Indian/Alaska Native, and persons of more than one race.

CIGARETTE SMOKING

According to the U.S. Surgeon General, smoking damages every organ in the human body. Cigarette smoke contains toxic ingredients that prevent red blood cells from carrying a full load of oxygen, impair genes that control the growth of cells, and bind to the airways of smokers. This contributes to numerous chronic illnesses, including several types of cancers, chronic obstructive pulmonary disease (COPD),

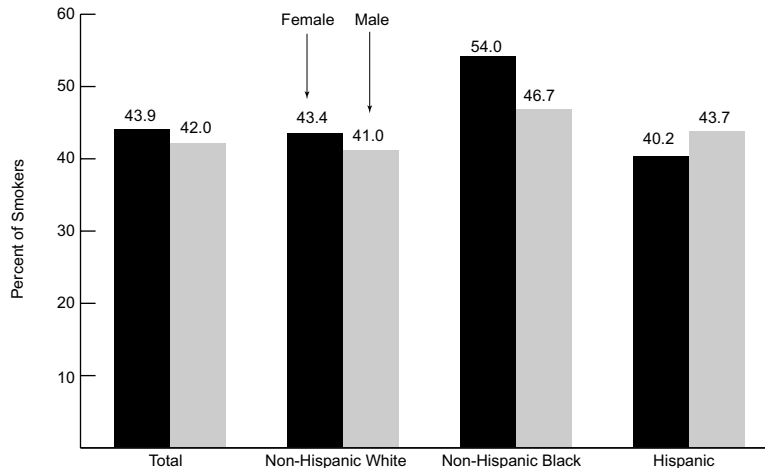
cardiovascular disease, reduced bone density and fertility, and premature death.¹ In 2004, almost 60 million people in the United States aged 12 and older smoked cigarettes within the past month. Among women, the rate of smoking in the past month was 22.3 percent, compared to 27.7 percent among men. This rate has declined over the past several decades among both sexes. In 1985, the rate among males was 43.4 percent, and among females it was 34.5 percent.

Quitting smoking has major and immediate health benefits. In 2004, over 40 percent of smokers reported trying to quit at least once in the past year. Females were slightly more likely than males to attempt to quit (43.9 versus 42.0 percent). Among both males and females, non-Hispanic Blacks were the most likely to try to quit smoking (46.7 and 54.0 percent, respectively).

¹ U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General. 2004.*

Adults Aged 18 and Older Who Tried to Quit Smoking in the Past Year, By Sex and Race/Ethnicity,* 2004

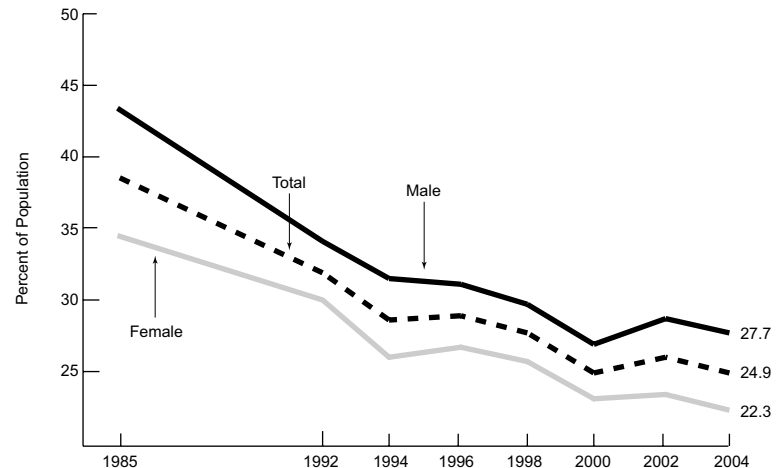
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*The sample of Asians and those of other races was too small to produce reliable estimates.

Persons Aged 12 and Older Reporting Past Month Cigarette Use, by Sex, 1985-2004

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



ALCOHOL USE

In 2004, 50.3 percent of the U.S. population aged 12 and older reported using alcohol in the past month; among those aged 18 and older, 54.1 percent reported using alcohol. According to the Centers for Disease Control and Prevention, alcohol is a central nervous system depressant that, in small amounts, can have a relaxing effect. Although there is some debate over the health benefits of small amounts of alcohol consumed regularly, the negative short- and long-term health effects of excessive alcohol use and abuse are well-established. Short-term effects include motor vehicle injuries, falls, domestic violence, and child abuse. Long-term effects can include liver cirrhosis, pancreatitis, various

cancers, high blood pressure, and psychological disorders, including dependence. Drinking alcohol during pregnancy contributes to Fetal Alcohol Syndrome (FAS), infant low birth weight, and developmental delays in children. Current Dietary Guidelines for Americans recommend that the following people not drink any alcoholic beverages: children and adolescents; individuals who cannot restrict their drinking to moderate levels; women who are or may become pregnant; individuals who plan to drive, operate machinery, or take part in other such activities; and individuals taking any medicines that may interact with alcohol.¹

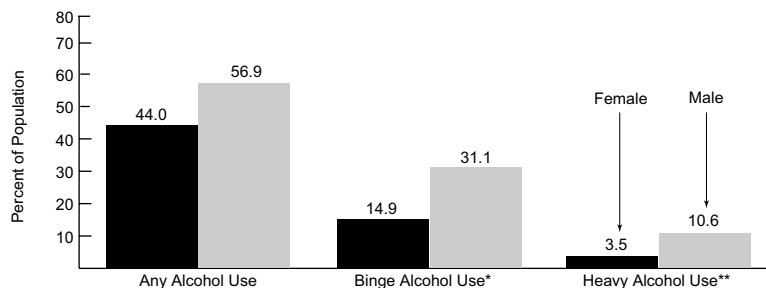
Overall, males are more likely to drink than females. Past-month alcohol use was reported

among 56.9 percent of males compared to 44.0 percent of females. This is true across all age groups with the exception of 12- to 17-year-olds; among that age group, 17.2 percent of males reported past month use compared to 18.0 percent of females. Males are also much more likely than females to engage in binge drinking, which is defined as drinking five or more drinks on the same occasion at least once in the past month, and heavy drinking, which is defined as five or more drinks on the same occasion at least five times in the past month.

¹ U.S. Department of Health and Human Services; U.S. Department of Agriculture. *Dietary Guidelines for Americans 2005*. Washington, DC: U.S. Government Printing Office, January 2005.

Past Month Alcohol Use, by Type and Sex, 2004

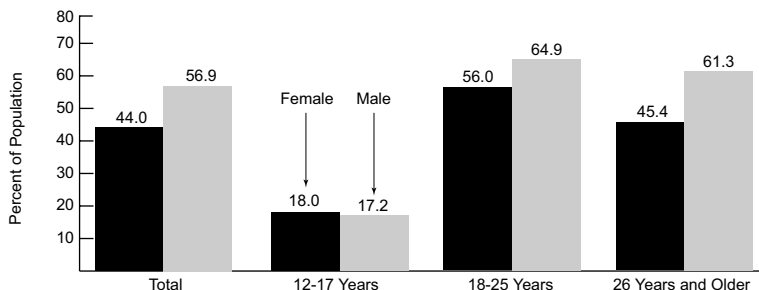
Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Binge alcohol use is defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days. **Heavy alcohol use is defined as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days. All heavy alcohol users are also binge alcohol users.

Past Month Alcohol Use, by Sex and Age, 2004

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



ILLCIT DRUG USE

Illicit drugs are associated with serious health consequences including addiction. Drugs classified as illicit are marijuana/hashish, cocaine, inhalants, hallucinogens, crack, and prescription-type psychotherapeutic drugs used for non-medical purposes. In 2004, a total of 12.5 million women (11.2 percent) aged 18 or older reported using an illicit drug within the

past year. The past-year illicit drug use rate was significantly higher among women aged 18-25 than among women over age 25 (29.9 percent compared to 8.1 percent). Among adolescent females aged 12-17, 21.5 percent reported using illicit drugs in the past year. When stratified by race, illicit drug use among adolescent females was more common among non-Hispanic Whites (22.9 percent) than Hispanics (22.1 per-

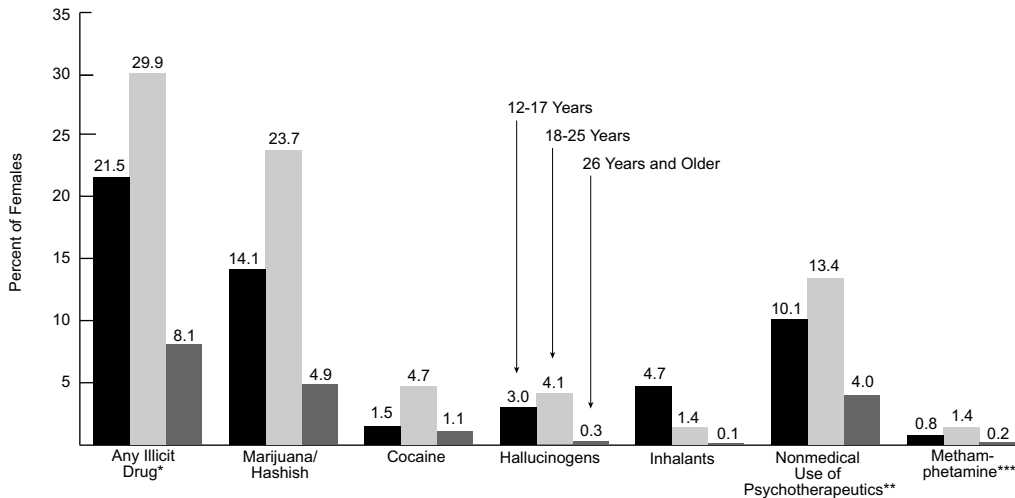
cent) or non-Hispanic Blacks (17.6 percent).

In 2004, marijuana was the illicit drug most commonly used by females in all age groups. Among females, those aged 18-25 had the highest rate of past-year marijuana use (23.7 percent). The second most common type of illicit drugs used in the past year by women aged 18-25 was prescription-type psychotherapeutic drugs used for non-medical purposes—these were used by 13.4 percent of women aged 18-25 years. Adolescent females' drug use patterns differed from those of adult women. Those aged 12-17 reported the highest rate of inhalant use (4.7 percent) compared to their older counterparts.

In 2003 and 2004, 4.6 percent of pregnant women aged 15 to 44 years reported using illicit drugs in the month prior to their survey interview. Among the subgroup of 15- to 17-year-old pregnant youth, approximately one in six, or 16.0 percent, reported illicit drug use in the past month. This represents a 25 percent increase from a rate of 12.8 percent among this age group in the 2002-03 period. The rate was the same among non-pregnant women in this 15- to 17-year-old age group, while among women aged 18 years and older, the rate of illegal drug use in the last month was much lower among pregnant women than their non-pregnant counterparts.

Females Reporting Past Year Use of Illicit Drugs, by Age and Drug Type, 2004

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and any prescription-type psychotherapeutic drugs used for non-medical purposes. **Includes prescription-type pain relievers, tranquilizers, stimulants, and sedatives. ***Methamphetamine is a type of stimulant and is therefore included in the overall psychotherapeutics rate.